EXHIBIT "3"

R PRESCRIBER'S PRESCRIPTION

			÷					
	Patient Name:				AT 1914 Mg			
-	ICD-10 Code:		Do Not Substitute (DAW):	1				
	Product:	OrthoCor Medical - OrthoCor Active System (E0761)						
	Orientation:	¥ Left	□ Right	□ N/A				
EMAIL COMPLETED FORM TO: Email: OrthoSupply112@gmail.com								
	OrthoCuff:							
	☐ Cervical - Universal Size		☐ Elbow - Universal Size					
	Foot / Ankle:		Hand / Wrist:					
			☐ Small					
	☐ Large		☐ Medium					
	Lumbar:		Knee:					
	☐ Small/Medīum		☐ Small/Medium					
	☐ Large		☐ Large					
P	☐ Hip - Universal Size		Shoulder – Universal Size					
		OrthoPods (Consumable)						
	Continuous Need:	1 Month / 30 Pairs	☐ Other					
I am prescribing a Pulsed Electro-Magnetic Field (PEMF) Therapy device, called the OrthoCor Active System from OrthoCor Medical due to my patient's needs and diagnosis. I certify that the OrthoCor Active System device is medically indicated and in my opinion is reasonable and necessary with reference to the accepted standards of medical practice and treatment of this patient's condition. The OrthoCor PEMF device is for the management of Pain, Inflammation, and Swelling. It is my expectation that use of the device will accelerate recovery and decrease the use of narcotic opiates. My goals are to Reduce pain and impairment in daily activities of living and Improve joint function since this unit works deep in the joint, at the source of the injury by treating the soft tissue and stimulating the production of nitric oxide, which kickstarts the body's natural anti-inflammatory and healing process".								
	Prescriber Signat	ure: Sam	S Du	Date:	<u>ળારકાર</u>			
	Prescriber Printed	Name: Dr. Patricia	Kelly	NPI:	and the last of th			
Address: 409 Rockaway Avenue 2nd Floor								
	city: Brooklyn	workship M A to Shirt 4 to - April to engage contact in the same of the same o	State: NY	Zip:	11212			

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ent	ICD-10 Code:	•	Do Not Substitute (DAW):	1				
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, ,	OrthoCuff:							
Prescription Information	☐ Cervical - Universal Size		☐ Elbow - Universal Size					
	Foot / Ankle:		Hand / Wrist:					
	□ Medium		☐ Small					
	☐ Large		☐ Medium					
	Lumbar:		Knee:					
otion	☐ Small/Medium		☐ Small/Medium					
Prescriț	☐ Large		☐ Large					
	☐ Hip - Universal Size		☑ Shoulder Universal Size					
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er	Prescriber Signat	ure:		Date: 5/27/21				
	Prescriber Printed Name: Michael		Alleyne, MD	NPI: 153318				
Pres Inforr	Address: 9016 Sutphin BWd							
	city: Jamai	ce	State: WY	zip: 11435				